



1652

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#9/rw  
01-15-03

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/992,800
	Filing Date	November 6, 2001
	First Named Inventor	Victor Raso
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
	Attorney Docket Number	BBRI-2006

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number  →

Place Customer  
Number Bar Code  
Label here

*Type Customer Number here*

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin M. Farrell, Pierce Atwood				
Address	One New Hampshire Avenue				
Address	Suite 350				
City	Portsmouth	State	NH	ZIP	03801
Country	USA				
Telephone	(603) 433-6300		Fax	(603) 433-6372	

RECEIVED

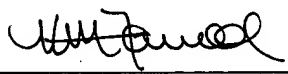
JAN 09 2003

TECH CENTER 1600/2900

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	Kevin M. Farrell
Signature	
Date	12/24/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.
---

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.